

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN -9 PM 1:07

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000033358**

1. Corporation Name

**NORTHGATE COMMUNICATIONS, INC.**

2. Principal Office Address

**32 Fullerwood dr**

Suite, Apt. #, etc.

**St. Augustine, FL**

City & State

**St. Augustine, FL**

Zip

**32084**

Country

**USA**

3. Mailing Office Address

**3501 B N Ponce de Leon Blvd**

Suite, Apt. #, etc.

**332**

City & State

**St. Augustine, FL**

Zip

**32084**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4-12-1999**

5. FEI Number

**59 356683**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Hays St**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Troy Todd  
as its agent**

REGISTERED AGENT MUST SIGN

Date **1-9-07**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	John C mollgren	<b>3501 B N Ponce de Leon St. Augustine Blvd</b>	<b>St. Augustine, FL 32084</b>
		<b>\$2.19</b>	
			<b>300083780388</b>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-07**

Date

**904 806 4369**

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 702013 7554170

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : January 8, 2007

ORDER TIME : 9:47 AM

ORDER NO. : 702013-005

CUSTOMER NO: 7554170

DOMESTIC FILINGS

NAME: NORTHGATE COMMUNICATIONS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS

*1/9*

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 JAN -9 AM 10:55  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING